United Nations E/ICEF/2001/P/L.10

Economic and Social Council

Distr.: Limited
21 November 2000
English
Original: French

For information

United Nations Children's Fund
Executive Board
First regular session 2001
22-26 and 29 January 2001
Item 4 of the provisional agenda*

Country note**

Central African Republic

Summary

The Executive Director presents the country note for the Central African Republic for a programme of cooperation for the period 2002-2006.

The situation of children and women

1. The population of the Central African Republic is estimated to be 3.7 million (51 per cent women and 49 per cent men), unevenly distributed over an area of 623,000 square kilometres. The population, growing at an annual rate of 2.5 per cent, is young: children under 18, of whom 17 per cent are under 5 represent 48 per cent of the population. Women of childbearing age (15 to 49) make up 24 per cent of the total population. The Central African Republic ranks 165th out of 174 countries on the human development index, with a per capita income of 330 dollars; 49 per cent of the population lives below the poverty line (14 dollars or less per month). The democratization process began in 1993. In spite of some upheaval between 1996 and 1997, with the help of the international community the country has been able to return to the path of peace and stability. The decentralization and regionalization policy advocated in the 1995 Constitution has still not borne fruit owing to a lack of meaningful supporting measures. The country has undertaken macroeconomic and financial reforms in cooperation with the Bretton Woods institutions, which have led

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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to a slight economic upturn. However, the progress made by the end of 1999 remains tenuous because of tax evasion and the slow implementation of the privatization programme.

2. The Government has demonstrated its desire to implement the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women by publicizing the provisions of those two Conventions (translated into the national language, Sango), establishing a children's Parliament and tribunal, adopting a Family Code and ratifying International Labour Organization (ILO) Convention No. 138 concerning Minimum Age for Admission to Employment and Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. The initial report submitted to the Committee on the Rights of the Child in 1998 was considered in plenary in September 2000. Recommendations made at that time have been taken into account in the current programme. The drafting process for the initial report to the Committee on the Elimination of Discrimination against Women is under way. In spite of all these efforts, effective implementation of the rights of children and women remains a major challenge. There is a low rate of birth registrations (approximately 50 per cent) and nearly 50 percent of young girls undergo excision; 21 per cent of households are headed by women. Poverty, illiteracy (70 per cent) and overload of onerous duties explain women's low participation rate in community development activities.

3. The state of children's health has worsened overall in recent years, despite a few successes as a result of the programme. Infant mortality rates (IMR) (97 out of 1,000 live births) and under 5 mortality rate (U5MR) (157 per thousand) are still very high. The low vaccination rate (under 50 per cent since 1997) and the increase in measles, tuberculosis, malaria, diarrhoeal diseases and acute respiratory infections are still a source of concern. Malnutrition is a real public health problem: 80 per cent of children between 6 and 36 months of age are anaemic; 68 per cent suffer from vitamin A deficiency; 28 per cent of children under 5 show stunted growth; and 23 per cent are under weight. The maternal mortality rate (MMR) is still high (948 per 100,000 live births). That is a result of, amongst other causes, haemorrhaging, dystocia, eclampsia, and infections aggravated by anaemia (50 per cent of pregnant women), vitamin A deficiency (17 per cent), and the absence of any policy for medical care in cases of obstetrical emergencies. Teenage pregnancies and abortions performed in poor conditions are worrying phenomena. Only 38 per cent of the population on average has access to safe drinking water and hygiene practices are inadequate.

4. The increase in HIV/AIDS, with a seroprevalence of 14 per cent for the population as a whole, puts the country in tenth place among countries having the highest infection rates in the world (according to the 2000 report of the Joint United Nations Programme on HIV/AIDS (UNAIDS)). HIV/AIDS has been the leading cause of hospital deaths in Bangui since 1996. Among young people, infection rates are highest in the 15 to 24 age group, where the infection rate for females is six times higher than for males. Among pregnant women, the HIV/AIDS rate varies between 5 and 22 per cent at the various monitoring sites. Sexually transmitted diseases (STDs) are an aggravating factor.

5. The net school enrolment rate for children between 5 and 12 years of age dropped from 63 to 46 per cent between 1996 and 1998, with a large disparity

between boys (53 per cent) and girls (39 per cent). That situation is a result of the instability in the country, the lack of infrastructure and qualified teachers, as well as frequent strikes. The school drop-out rate remains high (fewer than 50 per cent of children enrolled finish the primary cycle). Virtually no children between the ages of zero and four have access to pre-school education owing to the lack of an early childhood development policy. The weak education system, poor parental and community monitoring and economic crises have contributed to the increase in the number of children needing special protection measures in 1998: 2,629 children were found to be living and working in the streets of the country's six major cities, of whom 13 per cent were girls and 87 per cent boys.

Lessons learned from recent programme experience

6. Collaboration with other partners (the World Health Organization (WHO), the Governments of France, Germany and Japan and the European Union) has led to the expansion of the Bamako Initiative from 50 to 100 per cent of the health districts. The creation of a geo-specific database and a broader range of social indicators on children and women have facilitated better decentralized planning. In the programme's target area, community participation has been strengthened through the creation of 320 village development committees. The lessons learned from decentralization in the target area (prefectures of Ouham and Nana-Grébizi) has highlighted the importance of the microplanning strategy and participation in achieving lasting results: 70 per cent of the population has access to safe drinking water and 90 per cent of wells are permanently maintained; the net school enrolment rate for girls has improved from 30 per cent in 1996 to 45 per cent in 1998 (compared to a national average of 39 per cent); and the gap between the enrolment rates for boys and girls is virtually non-existent.

7. In the efforts to combat iodine deficiency disorder (IDD), which was a major national scourge, the State's commitment, the strengthening of the intersectoral approach and cooperation with the private sector, the World Bank and the World Food Programme (WFP) have been decisive factors in achieving convincing results: the proportion of iodized salt being consumed increased from 4 per cent in 1990 to 87 per cent in 1998. As a result of the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), a joint target area has been designated (prefectures of Ouham, Nanä-Mambéré and Ombella-Mpoko), with a view to consolidating and transferring the lessons learned from UNICEF's experience in the original target area, beginning the joint programming process and determining the relevance of the strategies to be promoted. This process has reinforced inter-agency coordination and collaboration in joint activities. The involvement of non-governmental organizations (NGOs), civil society and religious institutions can compensate for the weakness of government institutions and increase the quality and speed of delivery of activities and empower community members to take matters into their own hands.

8. However, a number of constraints remain: the sparse resources allocated to the social sector, delays and inefficiency in implementing the national decentralization policy, poor national capacity for planning and monitoring and lack of a national development plan remain challenges to be overcome in the next programme.

Proposed country programme strategies

9. This programme has been developed in close collaboration with the Government and with the active participation of the other partners (bilateral, multilateral, agencies of the United Nations system, NGOs, women's associations, the Children's Parliament and representatives of civil society). In addition, representatives of the UNICEF Executive Board member countries with embassies in the Central African Republic participated in the strategy meeting.

10. The overall objective of the 2002-2006 programme will be to promote the implementation of children's and women's rights and to include UNICEF in the CCA/UNDAF process as a key partner in the fight against poverty and the empowerment of the family and the community. The programme's specific objectives will be: (a) reduction of U5MR from 157 to 140 per 1,000 live births; (b) reduction of MMR from 948 to 860 per 100,000 live births; (c) reduction of the spread of HIV/AIDS among young people and women; (d) improvement in the quality of instruction and increase in the net rate of access to basic education from 46 to 66 per cent; (e) increase in the rate of access to safe drinking water in rural areas from 40 to 50 per cent; and (f) promotion of children's and women's rights.

11. These objectives will be achieved through the implementation of the five major strategies: provision of quality basic services and increased geographical coverage, advocacy and social communication aimed at changing behaviours and promoting rights, reinforced partnerships with adolescents, NGOs and women's associations, empowerment of communities and women and implementation of decentralization.

12. At the national level, the programme will contribute to the strengthening of institutional capacities and to the development of sectoral policies. At the regional level, the lessons learned in the programme target area (13 per cent of the country's population) will be reinforced and the inter-agency joint target area coverage (27 per cent of the population) will be extended; that will allow the lessons learned in the programme target area to be copied and the rights/gender approach to be highlighted.

13. The cooperation programme has five constituent elements. The *survival programme for children and women* will include: reduction of U5MR and MMR by reinforcing the lessons learned in the Bamako Initiative; a renewed immunization programme; implementation of comprehensive care for children's diseases and obstetrical emergencies; strengthening of efforts to combat malaria; elimination of micronutrient deficiencies; eradication of poliomyelitis and dracunculiasis; promotion of hygiene, including access to safe drinking water; nutritional monitoring at the community level; and the promotion of exclusive breastfeeding.

14. The *HIV/AIDS and STDs programme* will: (a) improve access to basic information services (counselling/anonymous testing) in cooperation with NGOs, communities and infected persons in order to promote prevention throughout the country; (b) strengthen early care for STDs among adolescents and pregnant women; (c) encourage the inclusion of HIV/AIDS information in school curricula; and (d) lead to reduced mother-child transmission of HIV.

15. The *basic education programme* seeks to: (a) increase the net school enrolment rate in the joint action target zone; (b) increase the quality of pre-school and primary

teaching; (c) strengthen community capacity to care for young children; and (d) promote the integration of formal and non-formal approaches.

16. The objectives of the *children's and women's rights promotion programme* are to: (a) encourage advocacy for the harmonization of national laws with the Conventions and ensure greater awareness of the law among the general population, women and children; (b) strengthen communication and advocacy for a change in behaviours and mobilization of resources; (c) strengthen national institutions and the judicial and legislative systems; and (d) promote special protection for and reintegration of street children and children in conflict with the law.

17. The objectives of the *planning, monitoring and evaluation programme* are to: (a) encourage development of national capacities in the area of social policy development; (b) strengthen follow-up on the situation of children and women and implementation of the two Conventions, as well as establish an integrated monitoring and evaluation plan for the country programme; (c) contribute to implementation of a national decentralization/regionalization policy; and (d) strengthen the capacities of grass-roots communities, young people and women through the promotion of community participation.

18. The cross-sectoral costs will contribute to the hiring of staff, the purchase of material resources and the management of emergencies based on an emergency preparedness plan.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Survival of children and women	2 732	2 000	4 732
HIV/AIDS and STDs	1 000	1 500	2 500
Basic education	1 200	1 000	2 200
Promotion of children's and women's rights	1 000	500	1 500
Planning and monitoring/evaluation	1 000	0	1 000
Cross-sectoral costs	800	0	800
Total	**7 732**	**5 000**	**12 732**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.